

09/647005

DO/EO BIBLIOGRAPHIC DATA ENTRY

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IA NUMBER:	PCT/ FR99 / 00692	IA FILING DATE:	03 / 25 / 99
FAMILY NAME:	DARRAS	DELAY WAIVED (Y/N):	N
GIVEN NAME:	DAVID	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	N	PRIORITY DATE:	00 / 00 / 00
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	060875	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2022937060
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CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 200373213

EMAIL:

APPLICATION TITLES:

CONTAINER WITH A COATING OF BARRIER EFFECT MATERIAL AND METHOD AND APP  
ARATUS FOR MANUFACTURING THE SAME

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/647,005	<b>FILING DATE</b> 09/26/2000 <b>RULE</b> -	<b>CLASS</b> <del>215</del> 428	<b>GROUP ART UNIT</b> <del>3727</del> 1712	<b>ATTORNEY DOCKET NO.</b> Q60875
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** HCH  
THIS APPLICATION IS A 371 OF PCT/FR99/00692 03/25/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** HCH OKY  
FRANCE 98 03824 03/27/1998 okay

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 11/06/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Examiner's Signature: [Signature] Initials: [Initials]	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
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**TITLE**  
Container with material coating having barrier effect and method and apparatus for making same

<b>FILING FEE RECEIVED</b> 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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